ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Christina  

2. Surname (Last Name)  
   Goldstein  

3. Date  
   18-February-2018  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   The 2017 AOA North American Traveling Fellowship  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00001  

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   ✔ Yes  
   No  

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   ✔ Yes  
   No  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Goldstein has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   MaCalus

2. Surname (Last Name)  
   Hogan

3. Date  
   06-June-2017

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   The Orthopaedic Forum: The 2017 American Orthopaedic Association North American Traveling Fellowship

6. Manuscript Identifying Number (if you know it)  
   10.2106/JBJS.18.00001

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Dr. Hogan has nothing to disclose.

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Ravi
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<table>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Bheeshma</td>
<td>Ravi</td>
<td>19-February-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name
Christina Goldstein

5. Manuscript Title
The 2017 AOA North American Traveling Fellowship

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### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Section 1. Identifying Information

1. Given Name (First Name) 
   Scott

2. Surname (Last Name) 
   Tintle

3. Date 
   06-March-2018

4. Are you the corresponding author? 
   Yes [ ] No [x]

   Corresponding Author's Name 
   Christina Goldstein

5. Manuscript Title 
   The Orthopaedic Forum
   The 2017 American Orthopaedic Association North American Traveling Fellowship

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Dr. Tintle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Waterman

3. Date  
   18-February-2018

4. Are you the corresponding author?  
   [ ] Yes  ✔ No
   Corresponding Author’s Name  
   Christina Goldstein

5. Manuscript Title  
   AOA NATF Review

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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Dr. Waterman reports personal fees from Vericel (Speakers Bureau), personal fees from Elsevier, outside the submitted work.

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